MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029030
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3039 Registrar's No. 137

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 5 1963

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon
Length of stay in 1b: 5 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 310 Brice St.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Laclede
c. CITY OR TOWN Lebanon
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 310 Brice
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Libbie Middle Della Last Spreacker

4. DATE OF DEATH: Month July Day 27, Year 1963

5. SEX: female
6. COLOR OR RACE: white
7. Married [ ] Never Married [ ] Widowed [xx] Divorced [ ]
8. DATE OF BIRTH: 11-11-89
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Shoals, W. Va.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Nixon
13b. MOTHER'S MAIDEN NAME: Lucretia Defoe
14. NAME OF HUSBAND OR WIFE: Archie B. Spreacker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi): none
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Wylda Shetley, Lebanon, Mo. Address: 310 Brice

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 4 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Circulatory Collapse + — 6 hrs.
DUE TO (c): Pulmonary Oedema

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] no
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
Dec for Ft Wharington MD on Vacation
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from mon 27 July 63 to 29 July 63 and last saw her alive on 27 July 63
Death occurred at 5:45 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul A. Jenkins MD
22b. ADDRESS: Knight Bldg. Lebanon. Mo
22c. DATE SIGNED: 29 July 63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7-31-63
23c. NAME OF CEMETERY OR CREMATORY: Mt. Rose Memorial Park
23d. LOCATION (City, town, or county) (State): Lebanon, Laclede Co., Mo.

24. FUNERAL DIRECTOR: J. J. Shadel ADDRESS: Lebanon, Mo.
25. DATE RECD. BY LOCAL REG.: 7-31-1963
26. REGISTRAR'S SIGNATURE: Wella L. May

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bill M. Abbott

Signature of Student Embalmer

Licensed Embalmer No. 5115

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Burial Issued 7-31-1963 - L.D.R.